

STATE OF HAWAII BOARD OF CERTIFICATION OF PUBLIC WATER SYSTEM OPERATORS

CONTINUING EDUCATION UNIT (CEU) REQUEST FORM

Requestor Information

Name: _____ Phone: _____

Address: _____

Email: _____

Course Information

Title: _____

Date: _____ Time: _____ Contact Hours (excluding lunch): _____

Sponsor: _____ Location: _____

Description:

Instructions

The following must be submitted with this request:

- Agenda or course outline with hours of training
- Proof of course attendance, i.e., certificate or sign-in/sign-out sheet (may be submitted after course completion)

Due Date (1 month before Board Meeting):

- | | |
|--|--|
| <input type="checkbox"/> 1/25/25 (2/25/25 meeting) | <input type="checkbox"/> 4/27/25 (5/27/25 meeting) |
| <input type="checkbox"/> 7/26/25 (8/26/25 meeting) | <input type="checkbox"/> 10/25/25 (11/25/25 meeting) |

Submit:

- by Mail to: Department of Health/Safe Drinking Water Branch
Uluakupu Building 4
2385 Waimano Home Road, Suite 110
Pearl City, HI 96782-1400
- by Email to: sdwb@doh.hawaii.gov